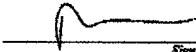


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PATENT APPLICATION TRANSMITTAL LETTER (Large Entity)		Docket No. V02/14																																				
TO THE ASSISTANT COMMISSIONER FOR PATENTS																																						
Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of: VITALY LAGOON and GUY BARRUCH																																						
For: METHOD FOR PROVIDING BITWISE CONSTRAINTS FOR TEST GENERATION																																						
Enclosed are:																																						
<input type="checkbox"/> Certificate of Mailing with Express Mail Mailing Label No. <input checked="" type="checkbox"/> 11 sheets of drawings. <input type="checkbox"/> A certified copy of a application. <input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Signed. <input checked="" type="checkbox"/> Unsigned. <input checked="" type="checkbox"/> Power of Attorney <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Other:																																						
CLAIMS AS FILED <table border="1"> <thead> <tr> <th>For</th> <th>#Filed</th> <th>#Allowed</th> <th>#Extra</th> <th>Rate</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>23</td> <td>- 20 =</td> <td>3</td> <td>x \$18.00</td> <td>\$54.00</td> </tr> <tr> <td>Indep. Claims</td> <td>6</td> <td>- 3 =</td> <td>3</td> <td>x \$80.00</td> <td>\$240.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td>\$0.00</td> </tr> <tr> <td colspan="5"></td> <td>BASIC FEE \$710.00</td> </tr> <tr> <td colspan="5"></td> <td>TOTAL FILING FEE \$1,004.00</td> </tr> </tbody> </table>			For	#Filed	#Allowed	#Extra	Rate	Fee	Total Claims	23	- 20 =	3	x \$18.00	\$54.00	Indep. Claims	6	- 3 =	3	x \$80.00	\$240.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						BASIC FEE \$710.00						TOTAL FILING FEE \$1,004.00
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<input checked="" type="checkbox"/> A check in the amount of \$1,004.00 to cover the filing fee is enclosed. <input type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. <ul style="list-style-type: none"> <input type="checkbox"/> Charge the amount of as filing fee. <input type="checkbox"/> Credit any overpayment. <input type="checkbox"/> Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17. <input type="checkbox"/> Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b). 																																						
Dated: _____  Signature DVORAH GRAESER REG NO 40,000 DR. D. GRAESER LTD. C/O THE POLKINGHORNS 9003 FLORIN WAY UPPER MARLBORO MARYLAND 20772 USA																																						
CC:																																						